

Ohio Department of Developmental Disabilities

Application

**Intermediate Care Facilities for Individuals with Intellectual Disabilities -
Intensive Behavioral Support Rate Add-on for Serving Youth Ages Ten through
Seventeen Years of Age**

In Accordance with Ohio Admin. Code 5123-7-28

Issued November 28, 2022

Open call for potential applicants

There is no set date for submitting an application. DODD will hold open indefinitely. If DODD plans to close applications, a 30-day notice will be given.

All applications and correspondence must be sent to

DODD.ICFyouth@dodd.ohio.gov

Purpose of this Application

The Ohio Department of Developmental Disabilities (DODD) is seeking applications to increase system capacity to serve youth in their mid to late child development years, generally ages 10 through 17, with intellectual and developmental disabilities who have complex behavioral health needs.

Very often, these include youth who cannot remain in or return to their home, youth who have been relocated out-of-state, youth who have been discharged from a Developmental Center (DC), youth who reside(ed) in a children's residential treatment center or youth who are at risk for admission to a DC. DODD is seeking a geographically dispersed provider pool and will consider the applicant's location as part of its review.

Applicants shall develop and provide services in an intermediate care facility (ICF/IID) to address the needs of individuals with some or all of the following characteristics: a dual diagnosis of mental illness and developmental disability; violent and aggressive behaviors toward self and others; a significant history of trauma.

Applicants may include:

1. Providers with experience serving youth with intellectual and developmental disabilities who have complex behavioral health needs. The selected provider will be expected to serve children throughout Ohio as referred by DODD. or
2. Providers with experience serving youth with intellectual and developmental disabilities with complex behavioral health needs who would like to work in conjunction with one or more county boards of developmental disabilities to serve children from those counties. Or
3. County boards with an identified provider with experience in serving youth with complex behavioral health needs. In this model, while the county board may hold the license for the ICF, a private provider must operate the ICF.

Applicants chosen will be eligible to receive add-on payments in accordance with Ohio Admin. Code 5123-7-28.

Minimum Qualifications

Applicants must meet all requirements in Ohio Admin. Code 5123-7-28 and must have or be able to obtain ICF/IID licensure and certification.

Location of Beds/Facility

Applicants must indicate whether they own their own beds, have the ability to purchase beds or would like to lease beds from DODD. If the applicant intends to use an existing ICF for this program, the applicant must identify it. If the applicant intends to develop a new ICF for this program, the proposed location and

expected time frame for the ICF to become operational must be stated. If DODD leases the beds to the provider, the beds may only be used for the intensive behavioral support rate add on program.

Description of the Intensive Behavioral Support Rate Add on (IBSRAO) Program

This program is intended to provide short term intensive support to youth with complex behavioral support needs and their families. Short term is generally defined as 180 days. Extensions may be authorized by DODD if the needs of the youth dictate that additional treatment and stabilization in the ICF is necessary

A county board will make the initial referral to DODD. Upon receiving a referral from a county board, DODD will conduct a comprehensive review including a Child and Adolescent Needs and Strengths assessment (CANS). If a CANS has already been prepared under Ohio Rise, DODD will evaluate its results. Upon a determination that the child needs the intensive behavioral support, DODD will notify the ICF and provide all available clinical information.

For all IBSRAO admissions, the local county team, led by the county board of developmental disabilities, retains responsibility for transition planning which is to begin on the day of admission. The ICF will provide regular updates to the local team to support the local planning.

Successful applicants will enter into an agreement with DODD regarding referrals, transition planning, after care and reporting.

Provider Responsibilities

Providers who are selected for this project will:

- Follow all requirements as outlined in Rule 5123-7-28.
- Secure approval from DODD to receive the rate add-on for a specific youth who has been assessed by the state as needing short-term intensive behavioral supports.
- Discharge the youth only with approval from DODD, when provider is receiving the rate add-on payment.
- Provide three months of aftercare services upon discharge for a youth for whom the facility received the rate add-on. Aftercare services are intensive post discharge services that require the provider to follow the youth closely and engage frequently with the youth's family. Aftercare services are individualized and are driven by the youth and the team.
- Coordinate with both the home school district and the school district providing educational services
- Participate in planning with the local team.

County Board Commitments (when partnering with a provider)

- Evaluate youth who reside in the county who might be eligible for the intensive behavioral support rate add on and refer those identified to DODD with all available information.
- For youth admitted to the provider and approved by DODD for the rate add on, submit to DODD \$150.00 per day per youth monthly to DODD for the duration of the youth's stay at the ICF.
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DODD Responsibilities

- If a CANS is not already available through Ohio Rise, DODD will perform a CANS assessment within 15 days of referral by the county board. After consultation with the county board, DODD will determine whether the rate add on is appropriate for ICF services for the youth.
- Provide assistance to the provider, youth and family/guardian to ensure the youth's needs are met as determined by the team.
- Provide follow along services for three years post discharge.

Funding

Services will be funded according to Chapter 5124 of the Ohio Revised Code. Providers selected under this application will enter into an agreement with DODD and will be eligible to receive the rate add-on payment in accordance with Rule 5123-7-28.

An applicant that successfully secures facility-level approval to receive the intensive behavioral support rate add-on for current or prospective residents must then request the rate add-on for serving a specific youth. DODD will determine whether the provider will receive the rate add-on for serving that youth based on information contained in the submitted request, a comprehensive review of the youth, and the provider's ability to meet the youth's needs.

DODD will pay the provider \$200 a month for aftercare services for up to three months upon receiving evidence that aftercare services were delivered.

Best Practices Protocol- Required Questions

Please provide answers to the following questions. Responses may not exceed 20 pages.

1. Explain how you are uniquely qualified to serve youth who have intellectual and developmental disabilities with complex behavioral health needs.
2. To help us understand your history and approach to supporting these youth, please provide the following responses:
 - a. Years of experience with this population – including how many total youth currently served by provider (ICF/IID and waiver services);
 - b. Number of youth you are currently serving who have a restrictive measure in the approved plan;
 - c. Additional training you will provide to your staff, over and above DODD required training, to have the skills necessary to work with the target youth and families or other support providers;
 - d. Type/level of training received in Trauma Informed Care (TIC) and other emerging training to support youth with complex behavioral needs;
 - e. Any specialized staff or services the provider may be able to access (i.e., psychiatry, psychology, social work, occupational or other therapies, board certified behavior analyst, etc.); and,
 - f. The process for developing individualized, evidence-based supports and interventions with the participation of the youth, the youth's team, the youth's family member and/or custodian or custodial agency and how the provider will engage the youth's family.
3. Describe how you will work with both the homeschool district and the school district providing educational services to meet the child's educational needs.
4. Include a description of any unique or special services or supports your organization will provide to ensure the youth and staff will be successful.
5. Describe your staffing plan and how it will help to ensure environments are conducive to supporting youth with complex behavioral support needs, including ensuring safety of other residents and staff. Include how you will hire or contract for staff to meet the needs of youth. Describe the level of training and experience that you believe is important for the staff who will be working in the home(s) and how you plan to recruit and retain this staff.
6. Describe how you will ensure community integration for youth served.
7. Describe how you will measure the efficacy and outcomes of the intensive behavioral support services provided.
8. Describe how you would develop and maintain an effective working relationship with the county board, DODD staff, the Family and Children First Council, child welfare agencies (where applicable) and the community at-large involved in this project.
9. If you are not currently providing ICF/IID services or don't plan to use an existing facility, explain how you will obtain ICF/IID licensure and certification. Please include your timeframe and method for obtaining the necessary knowledge regarding ICF/IID operations and regulations.

Please attach the following documentation to your response (these documents will not count toward your 20 page limit):

1. Letters of reference:
 - a. Floor plan/diagram of the space where the provider intends to serve the youth.

Application Review Process

Providers will be selected based on responses to the best practices protocol required questions. Responses to the required questions should be no more than 20 pages. DODD reserves the right to reject applications received after the submission deadline. The award of an agreement to any applicant shall be at the sole discretion of DODD.

Other Requirements

Application Costs

Costs incurred in the preparation of this application and review of any subsequent contract between the applicant and DODD are to be borne by the applicant. DODD will not contribute in any way to the costs of application preparation or review of any subsequent contract.

Contractual Requirements

1. Any agreements resulting from the issuance of this application are subject to the terms and conditions as provided in the agreement. The information contained in the application submitted by the selected applicant shall be considered part of the agreement.
2. Payments for any and all services provided pursuant to the agreement are contingent upon the availability of state and federal funds.

Ethical and Conflict of Interest Requirements

1. No applicant or individual, company, or organization seeking an agreement shall promise or give to any DODD employee any item of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.
2. No applicant or individual, company, or organization seeking an agreement shall solicit any DODD employee to violate any of the conduct requirements for employees.
3. Any applicant acting on behalf of DODD shall refrain from activities that could result in violations of ethics and/or conflicts of interest. Any applicant who violates the requirements and prohibitions defined here or of Section 102.03 or of Section 102.04 of the Ohio Revised Code is subject to termination of the agreement or refusal by DODD to enter into an agreement.

Application Form

Department of Developmental Disabilities – ICF Youth Intensive Behavioral Support Rate Add On

Provider Information

Name of Provider: _____

Name of Operator: _____

Name of Facility: _____

Address: _____

Telephone: _____ FAX: _____

E-mail: _____

Employer Identification Number: _____

Administrator or Chief Executive Officer: _____

Social Security # of Administrator/CEO: _____

(For purposes of checking Abuser and Nurse Aide Registries)

Contact Person: _____

Contact Person Title: _____

Contact Person Telephone: _____

Contact Person E-mail: _____

General Information

How many homes or discrete units are you proposing and in what county (or counties)? How many people do you propose to serve and gender? Please include whether you are using an existing facility or whether you are planning to construct a new facility.

What is your timeframe for making these units available for this program?

Do you wish to lease beds from DODD? _____ If so, how many? _____

Attestation

The undersigned hereby attest that all the information submitted as part of this application is true and accurate.

Signature applicant	Printed Name	Title	Date
Signature (County Board) if partnering with a provider	Printed Name	Title	Date